

# County of San Diego Monthly STD Report

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**Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.**

	Jul	2017 Previous 12- Month Period*	Jul	2018 Previous 12- Month Period*
Chlamydia	1668	20155	1891	21644
Female age 18-25	583	7538	716	8232
Female age ≤ 17	75	837	91	944
Male rectal chlamydia	41	528	66	854
Gonorrhea	532	5559	476	6295
Female age 18-25	66	686	84	937
Female age ≤ 17	11	104	7	104
Male rectal gonorrhea	70	806	66	791
Early Syphilis (adult total)	100	1083	87	1066
Primary	10	184	10	179
Secondary	40	380	33	363
Early latent	50	519	44	524
Congenital syphilis	1	11	5	18

\* Cumulative case count of the previous 12 months.

**Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.**

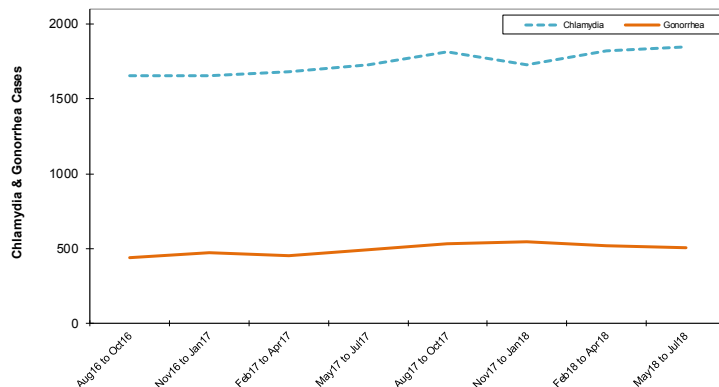
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	12858	666.0	211	91.9	526	571.0	812	125.9	1356	151.8
Gonorrhea	3662	189.7	88	38.3	383	415.7	779	120.8	724	81.0
Early Syphilis	604	31.3	37	16.1	55	59.7	245	38.0	222	24.8
<i>Under 20 yrs</i>										
Chlamydia	2241	467.5	19	39.4	103	462.1	135	62.1	179	110.9
Gonorrhea	347	72.4	6	12.4	45	201.9	91	41.8	51	31.6
Early Syphilis	12	2.5	1	2.1	0	0.0	8	3.7	3	1.9

Note: Rates calculated using 2017 Preliminary Population Estimates; County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit. 7/2018.

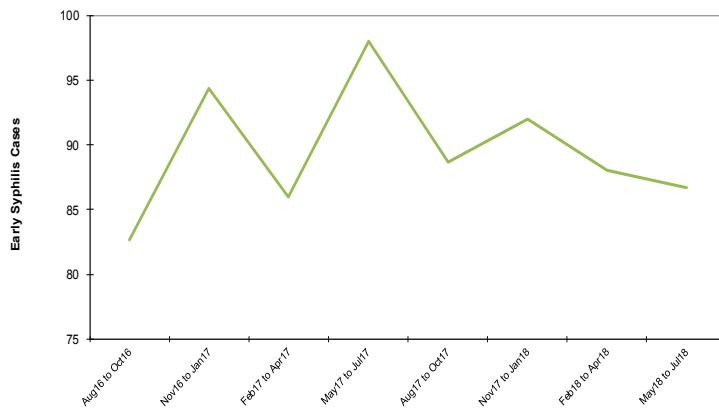
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

**Note: All data are provisional.** Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.

**Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.**



**Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.**



## Editorial Note: New Antibiotic Shows Promise in Treatment of Uncomplicated Urogenital Gonorrhea

Zoliflodacin (also known as AZD0914 or ETX0914) is a novel spiropyrimidinetrione antimicrobial agent that inhibits DNA biosynthesis<sup>[1]</sup>. Based on *in vitro* sensitivity of *Neisseria gonorrhoeae*, including multi-drug resistant strains, to zoliflodacin<sup>[2]</sup>, it has received a fast-track designation from the United States Food and Drug Administration for development solely as an oral treatment for gonorrhea<sup>[1]</sup>. Decreased sensitivity of *N. gonorrhoeae* to macrolides (e.g., azithromycin) and cephalosporins (e.g., ceftriaxone, cefixime), as well as reported treatment failures of these first-line agents, highlight the urgent need for new treatment options for gonorrhea<sup>[3]</sup>.

A recent phase 2 clinical trial, published in the *New England Journal of Medicine* in November 2018, randomized 179 participants, including 167 men and 12 women, to receive a single oral dose of zoliflodacin (2 or 3 grams) or a single 500-mg intramuscular dose of ceftriaxone in a ratio of approximately 70:70:40. Participants had signs or symptoms of uncomplicated urogenital gonorrhea, untreated urogenital gonorrhea, or recent sexual contact with a person who had gonorrhea. Among the 141 participants who had a positive culture and/or nucleic acid amplification test for *N. gonorrhoeae* on a urogenital specimen, 55 of 57 participants (96%) who received 2 grams of zoliflodacin, 54 of 56 participants (96%) who received 3 grams of zoliflodacin, and 28 of 28 participants (100%) who received ceftriaxone were cured after approximately one week<sup>[1]</sup>.

Although there were few participants with rectal gonorrhea (5 who received 2 grams of zoliflodacin, 7 who received 3 grams of zoliflodacin, and 3 who received ceftriaxone), all were cured. Pharyngeal gonorrhea was cured in 4 of 8 participants (50%), who received 2 grams of zoliflodacin; 9 of 11 patients (82%), who received 3 grams of zoliflodacin; and 4 of 4 patients (100%), who received ceftriaxone. Zoliflodacin was well-tolerated overall, and most of the adverse events among participants who received zoliflodacin were gastrointestinal and self-limiting<sup>[1]</sup>.

In conclusion, while zoliflodacin was effective in treating uncomplicated urogenital and rectal gonorrhea, it was not as effective as ceftriaxone in treatment of pharyngeal gonorrhea, most likely due to poor pharyngeal tissue penetration<sup>[1]</sup>. Larger and more definitive studies of zoliflodacin are needed, as are new agents that can effectively eradicate pharyngeal gonorrhea.